

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	(S)					
5	(S)					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	(S)					
13	(S)					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22	(S)					
23	(S)					
24	(S)					
25	(S)					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	(S)					
37	(S)					
38	(S)					
39	(S)					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.	1	(S)	1	1	1	1
TOTAL DEP.	(S)	1	1	1	1	1
TOTAL CLAIMS	100	033333	033333	033333	033333	033333

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS